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FEC FORM 2

STATEMENT OF CANDIDACY

4 (a) Name of Carallelete (in t. iii						
 (a) Name of Candidate (in full) Tiberi, Patrick, J., , 						
(b) Address (number and street)	□ Chack if	address	hanged		2. Candidate's FEC Identification Number	
6830 Mahogany Drive	☐ Check if address changed				H0OH12062	
(c) City, State, and ZIP Code					3. Is This New Amended	
Galena		ОН	4302	1-8059	Statement (N) OR (A)	
4. Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate	
REPUBLICAN PARTY	House			OH	12	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7. I hereby designate the following na	med political committe	ee as my P	rincipal C	Campaign Comn	nittee for the $\frac{2018}{\text{(year of election)}}$ election(s).	
NOTE: This designation should be	filed with the appropria	ate office li	sted in th	e instructions.		
(a) Name of Committee (in full)						
Tiberi for Congress						
(b) Address (number and street)						
2931 E Dublin Granville Road Suite 190	1					
(c) City, State, and ZIP Code						
Columbus				ОН	43231-2098	
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.						
NOTE: This designation should be	filed with the principal	campaign	committe	ee.		
(a) Name of Committee (in full)						
Team Tiberi						
(b) Address (number and street) 2931 E Dublin Granville Rd						
Ste 190						
(c) City, State, and ZIP Code						
Columbus				ОН	43231-2098	
I certify that I have ex	amined this Statement	and to the	best of I	my knowledge a	nd belief it is true, correct and complete.	
Signature of Candidate						
					Date	
					Date	
Tiberi, Patrick, J., ,			[Elect	ronically Filed]	Date	
Tiberi, Patrick, J., ,	s, or incomplete inform	ation may s				
Tiberi, Patrick, J., ,	s, or incomplete inform	ation may s			12/15/2016	
Tiberi, Patrick, J., ,	s, or incomplete inform	ation may s			12/15/2016	

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F2N Transaction ID :

Form/Schedule: Transaction ID:

(c) City, State and ZIP Code

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)	Page 3 /
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds or candidacy.	n behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full) Kelly Tiberi JFC	
(b) Address (number and street) 228 S Washington St Ste 115	
(c) City, State and ZIP Code Alexandria VA 22314-5404	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds o candidacy.	n behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State and ZIP Code	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds o candidacy.	n behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
(b) Address (number and street)	